	DATEM	Application or Docket Number						7					
	PAIEN	T APPLICATI Effe	DRD	į	10 -	16	664	9	l				
. CLAIMS AS FILED - PART ! (Column 2)								SMALL ENTITY TYPE			OTHER THAN		
Ľ	TOTAL CLAIM	IS ·	1,	10				RATE	FEE	٦	RATE	FEE	
F	OR		MUME	A FILED	NUM	GER EXTRA	5	SIC FE	385.0			_	-
Ŀ	OTAL CHARG	EABLE CLAIMS	34.	ninus 20=	• /	14		XS 9*		Of	`	252	•
n	DEPENDÊNT	CLAIMS	1	minus 3 =	•			X43=		7	\ \ \ \	10-	-
_	ULTIPLE DEPI	ENDENT CLAIM I	PRESENT	RESERT 🔲						- OF	`	+-,	\forall
•	If the different	ce in column 1 is	<u> </u>	145± OTAL	┿	JOF	<u> </u>	290	4				
	0/20	CLAIMS AS	AMENDE	•	UIAE	<u> </u>	JOF		LC312	4			
_	1100	(Column 2) (Column 3)							ENDITY	OR		ENTITY	
ENDMENTA	<i>I</i> ,	REMARKING AFTER AMENDMENT		PREVIO	ER USLY	PRESENT EXTRA	R	ATE	ADDI- TIONAL C-FEE]	RATE	ADDI- TIONAL FEE	
3	Total	.34	Minus	- 3		•	X	S 9=		OR	X\$18=	1	1
Ħ		· d	Minus 5			•		43=		OR	X86=	11	1
L	FIRST PRES	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+	┤╩┸		 	┨
										OR	+290=		
			TOTAL T. PEE	\Box	OR	ADDIT. FEE		4					
		(Column 1) (Column 2) (Column 3) CLAMS HIGHEST							<u> </u>	, ,			1
ENT 0		REMAINING AFTER AMENDMENT	-	PREVIOU PAID FI	ISLY	PRESENT EXTRA	R	NTE	ADDI- TIONAL FEE		RATE	ADĎI- TIONAL FEE	/
AMENDMENT	Total	· 50x	MENEN	4		•	XS	9=		OR	X\$18=		1
AME	Incependent			nus e			X43=		 		—	-A	
	FIRST PRESE	ENTATION OF MU	ILTIPLE DE	PENDENT C	MAA				/	OR		/-	
							114			OR	+290=		l
		•	ADDIT	PEE	NY.	OR ,	DOTAL COOT. FEE						
		(Column 1)		(Column		(Column 3)				٠ _	_		
	· .	REMAINING AFTER AMENIMENT		PREVIOUS PAID FO	R	PRESENT EXTRA	RAT	ne I	ADDI- TIONAL FEE		RATE	ADOI- TIONAL FEE	
	Tátal '		Minus .	-0		•	XS:	<u>.</u>	<i></i>	OR	X\$19.		
	Independent	1/ 1	And L	34	<u>-</u> .	•	X43	-+	-/	F		/	
- [FIRST PRESE	AST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+	-/	OR	X86=	-/-	
. a	The entry in colum	tin 1 is less than the	entry in colu	no 2 wite T	in cot	mp 3. ·	+14		_/\		+290=	<u>/</u> .	
-	"If the entry in column 1 is less than the entry in column 2, water "I' in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, water "20." "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, water "20." ADDIT. FEE												
Th	te Wighout Muni	ber Previously Paid	For (Total or	independent)	is the fi	ighest europer to	und in m	e appo	sprints box	in colu	700 1.	I	

32

FORM PTO-673 (Nov 1003)